

PROGRAM REGISTRATION

State Personnel Board
Technical Training Program
801 Capitol Mall, MS-31
Sacramento, CA 95814
Telephone: (916) 653-2085
CALNET: 8-453-2085
Fax: (916) 657-2502

Instructions: Please complete all sections of this form and mail or fax it to the State Personnel Board. To mark a "check box," double click the box and select "checked." If using Cal-Card for payment, the name/department on the card must be provided in the "Payment Information" section.

| PARTICIPANT INFORMATION | | | | |
|--|--|----------------|--|--------|
| Last Name | | First Name | | |
| Department | | Classification | | |
| Division | | | | |
| Address | | | | |
| City, State, ZIP | | | | |
| Telephone | | FAX | | E-Mail |
| Disability Accommodation: <input type="checkbox"/> Auditory <input type="checkbox"/> Mobility <input type="checkbox"/> Visual <input type="checkbox"/> Other | | | | |
| COURSE INFORMATION | | | | |
| PROGRAM TITLE: | | TUITION: | | |
| PROGRAM LOCATION | | | | |
| <input checked="" type="checkbox"/> State Personnel Board 801 Capitol Mall, Room 312 Sacramento, California | | | | |
| <input type="checkbox"/> OTHER | | | | |

| SECTION PREFERENCE |
|------------------------|
| Dates |
| 1 st Choice |
| 2 nd Choice |
| 3 rd Choice |

Confirmation of Enrollment: A confirmation notice will be mailed, faxed, or e-mailed to the participant about 10 days before the class.

Cancellations, No-Shows: Cancellations received more than 5 working days in advance of the first day of the class will be accepted without charge. Late cancellations or no-shows will be charged the full amount of tuition.

Substitutions: Substitutions will be accepted up to the first day of class. Substitutes should meet any required criteria for attendance.

Walk-Ins: Walk-In registrations will be accepted provided 1) enrollment has not reached maximum and 2) the participant brings a fully authorized Program Registration showing the method of payment. There is no *guarantee* that walk-ins will be admitted to the class. Please call for information to ensure that space is available.

| PAYMENT INFORMATION | |
|--|--|
| Payment is expected by the first day of the class. Checks should be made payable to "State Personnel Board" and must show the participant's name, name of course, and date(s) of class on the face of the check. Arrangements for billing may be made under certain circumstances. If arrangements have been made for billing, please complete the contact information below showing the person responsible for <i>accounts payable</i> . Please select the method of payment: | |
| <input type="checkbox"/> Check Attached, # _____ | |
| <input type="checkbox"/> Participant will bring check to the first day of class | |
| <input type="checkbox"/> Charge to our contract # _____ | |
| <input type="checkbox"/> Please send invoice to person named below (\$15 surcharge applies) | |
| <input type="checkbox"/> Cal-Card # _____ Expiration: _____ | |
| Name: | |
| Department: | |
| Address: | |
| City, State, Zip: | |
| Telephone: | |
| Fax: | |

NOTE: The information below is required on all registrations. This person is responsible for notifying the Technical Training Program if the participant needs accommodation or if the participant must cancel or reschedule the enrollment.

| DEPARTMENT TRAINING OFFICE APPROVAL | | | | |
|-------------------------------------|--|---|-----|--------|
| Name | | SIGNATURE OF PERSON AUTHORIZING TRAINING EXPENDITURE (REQUIRED) | | |
| Department | | | | DATE: |
| Division | | | | |
| Address | | TELEPHONE | FAX | E-MAIL |
| City, State, Zip | | | | |